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CONFIRMATION NO. 5338

<b>SERIAL NUMBER</b> 09/880,506	<b>FILING OR 371(c) DATE</b> 06/13/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> CRD0935	
<b>APPLICANTS</b> Donald K. Jones, Lauderhill, FL; Vladimir Mitelberg, Aventura, FL;					
<b>** CONTINUING DATA *****</b> <i>none AMR</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none AMR</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/10/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AMR</i> Verified and Acknowledged <i>AMR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> <i>2</i>	<b>TOTAL CLAIMS</b> <i>20</i>	<b>INDEPENDENT CLAIMS</b> <i>4</i>
<b>ADDRESS</b> 27717 <i>3 AMR 17 AMR 3 AMR</i>					
<b>TITLE</b> OCCLUDING VASCULATURE OF A PATIENT USING EMBOLIC COIL WITH IMPROVED PLATELET ADHESION					
<b>FILING FEE RECEIVED</b> 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		